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EDITORIAL COMMENT



THE SAN FRANCISCO DISASTER

WE have received from Miss Genevieve Cooke, editor of the *Nurses' Journal of the Pacific Coast*, a personal letter in which she gives an account of her experiences at the time of the San Francisco disaster. Miss Cooke's apartment where she conducted her private gymnasium and edited the *Journal* was situated on Van Ness Avenue, and as the fire did not reach that locality for some hours, she had time to save her personal clothing, the pictures in her office and eight or ten books out of the library which she had been collecting during the last twenty years. Among the books saved she speaks of her bound volumes of THE AMERICAN JOURNAL OF NURSING.

Miss Cooke's mother, an elderly lady of 79, is totally blind. The first night of the fire, Miss Cooke took her to the Presidio to the house of one of the officers and the following day succeeded in getting her over to Oakland. Miss Cooke herself returned to the Presidio and volunteered for duty at the General Hospital, but was afterwards persuaded to go to the house of the officer already referred to, whose wife was seriously ill. Miss Cooke expects to remain at the house of Col. A. B. Dyer, at the Presidio, San Francisco, Cal., where she may be reached by mail and from which point she hopes to work for the benefit of nurses less fortunate than herself.

She says there are many nurses working among the refugees who have lost everything with the exception of the clothing which they were wearing at the time of the disaster. At the time her letter

was written, May 9th, Miss Cooke and Miss Sweeney were trying to locate the nurses and establish headquarters and a sort of directory at Miss Sweeney's house, No. 8 Sanchez Street. A copy of the poster which has been issued by the San Francisco County Nurses' Association is found in the official department and is published by request.

Among those perhaps best known to nurses in the east who lost everything are Miss McCarthy, the Secretary of the California State Association, and Miss Fisher. Among the hospitals which were destroyed were the Waldeck, St. Mary's, St. Winifred's, St. Francis', Clara Barton, Pacific, McNutt, Mary Patton, and the New Hahne-mann, which was just ready for occupancy. The Children's Hospital was badly damaged, as was the Lane, the French, and others. This has thrown adrift many pupils who Miss Cooke says may be unable to complete their training. We are inclined to think, however, that the training-schools in the neighboring cities will make provision for these pupils. The difficulty will be to reach them.

Miss Cooke says the desolation cannot be imagined and that the really hard time is to come. The reports which have been published from Mr. Devine and other officials through the Red Cross would seem to point to the fact that the first burst of public generosity is subsiding, leaving this great multitude of homeless people with but scanty provision for the ordinary needs of living. It seems to be the consensus of opinion that the laboring class will be readily provided for in the reconstruction, and that those who will really suffer the most are the professional men and women who have lost everything they possess. Already a special fund is being started for the aid of physicians. Dr. Helen Criswell, a nurse dentist whose husband is also a dentist, was in Europe at the time of the disaster and we received a note from her dated from Lisbon April 15th. On May 15th a postal written from Chicago says: "We are hurrying home to our stricken city. We have lost practically everything, but my family escaped unhurt. The Doctor has opened temporary offices, and he writes that the nurses are having a hard time in every way, many having rushed at once to the relief of the injured and to help in the hospitals and so were unable to save even a handful of their possessions."

A letter published by the Red Cross Society from a nurse reads: "This isn't a letter to tell you the desolation and misery of the past few days, but to tell you how comfortable we are now. Our people are scattered. The first night we spent in the Plaza, taking care of sick babies, measles, pneumonia and new-born infants. No one could be persuaded to enter a house. At 2 o'clock in the morning

we had to leave. Walked to Van Ness Avenue. Went back in the morning, as the fire was leaving us. Spent the day there trying to quiet the people, and getting the bedridden people away. In the afternoon we helped in the emergency hospitals. Towards evening we had to leave again, with blankets on our backs and babies in our arms. Walked to the Presidio. Now all our family is settled in tents. Rations daily. Many of them are far better off than at home. It seems to be such a comfort to them to have us near. We render many services not in a nurse's line. As soon as the great demand for nurses is over here, Stella, Ruby and I will go to the Farm to open for convalescents. I think the government would send supplies there for us. What do you think about it? I thought of taking families there at first but decided the Presidio grounds better because of the supply of food there. At the last moment I opened the clinic; gave everything away to people with vegetable wagons. The family up-stairs took a box of instruments for me, which they are going to return. Everything else burned at 650, and at our house. Mrs.—became panic stricken and left the city."

Miss Ashe, a graduate of the Presbyterian Hospital, New York, who was engaged in settlement work in San Francisco and had gone on a vacation trip when the terrible news of the calamity reached her, has just returned there and writes to an eastern friend of the conditions. Though the letter was private, it has been sent to the JOURNAL in the belief that many nurses would be glad to help in the work spoken of if they knew of it. Miss Ashe writes: "I found on my arrival that the thing which was worrying the medical department more than anything else was the care of the convalescents. The authorities hadn't come to that yet, and so when we put our scheme before the various chiefs (the letter does not say just what this scheme is), we were met with open arms, and orders were issued immediately to establish a camp, and an officer was assigned to duty there. The only problem at present is the salary for nurses and the supplies of night-gowns and bed linen. The relief committee does not see its way clear at present to pay the nurses, and we feel that we should have one nurse for every twenty-five or thirty patients, and want to pay them small salaries at least, as the majority of these women have families depending on them. We have put a nurse on Telegraph Hill to take care of the small unburnt portion, which is overcrowded with people; no water supply except at the bottom of the hill. It would be a splendid thing to have a nurse in each camp, but that seems to be out of the question."

We regret that Miss Ashe has not given a more detailed description of the work she is planning, and that no address accompanies that portion of the letter sent to us, but we know she can be reached either through Miss Cooke at the Presidio or through Miss Sweeney at No. 8 Sanchez Street, as she is a member of the San Francisco County Society and is sure to be in close touch with the work its officers are trying to do for the relief of nurses. All of the women whose names we have mentioned are personally known to us, and may be depended upon absolutely to make the wisest distribution possible of any contribution of money or clothing that may be sent to them. Until there is a general resumption of business in San Francisco it is necessary to be exceedingly careful in regard to the manner of consigning either money or clothing. We shall be in touch with Miss Cooke and be kept informed of the situation in San Francisco, and will be glad to give any information which we may possess to nursing organizations that may be in doubt as to the best manner of sending contributions to nurses in San Francisco.

We feel that any appeal from us to the nurses of the country is unnecessary.

The reports of different societies contained in this issue show sums of money to have already been appropriated for the benefit of nurses in San Francisco. The Massachusetts State Society contributed \$250; the American Society of Superintendents of Training Schools \$150, increased by personal contributions to \$200; the nurses of Rochester \$185, \$150 of which has been sent through the Red Cross to Dr. Devine to be used for destitute nurses. Special entertainments and efforts in different directions are being made in a number of places among nurses and we are sure that the response will be very general throughout the country when it is known to just what extent aid among the nurses is needed.

The prompt action and efficient service of the army, and particularly of the medical department at San Francisco, has called out the most favorable comments from all over the world.

As we go to press we have had the address of Miss Elizabeth Ashe sent to us. It is Convalescent Camp No. 11, Ross, Marion county, Cal.

We have also heard from Miss A. I. Hæntsche, R. N., graduate of the German Hospital, New York, that a letter has been received from the Secretary of the California State Association, Mrs. Florence B. Downing, making an appeal to the eastern hospitals for assistance for nurses who are among the refugees. This letter states that

the nurses are in great need of uniforms; that they have received only food from the relief fund, and that the majority who are on duty in the reserve camps have lost everything they own, having only the clothing in which they left the burning and falling buildings with their patients. This letter goes on to state that if money or uniform material (money preferred) could be sent to the association relief fund, it would prove a great blessing. Money would enable them to get the material more quickly, put the money into circulation in California, and save the expense of expressing across the country.

Miss N. Petit, of Nyack, N. Y., has already started an endless chain collection, and Miss Hæntsche, 155 E. Eighty-third Street, New York, N. Y., will also receive contributions.

THE IMMEDIATE FUTURE OF THE NURSES' JOURNAL OF THE PACIFIC COAST

MISS COOKE requests us to announce that the June number of the *Nurses' Journal of the Pacific Coast* will be gotten out in July if not before. She says she managed to save some of the vital property of the *Journal*, all of the copy that was on hand, contracts, bank book, expense account, etc., but has lost part of the outside mailing list and she asks any subscribers who may be reached in this way to send their address and the date of their subscription to her. At the time of our letter she had not succeeded in locating her publisher but said she had every reason to suppose that his mailing list had been destroyed.

The most remarkable thing about the San Francisco disaster is the wonderful courage of the people. In our letters from Miss Cooke and also from Dr. Criswell and Miss Ashe there is not a murmur of complaint or discouragement.

MISS NUTTING'S NEW WORK

A PROFESSORSHIP has been created at Columbia University for the purpose of investigation and instruction in the administration and management of institutions, such as hospitals, asylums, dormitories, etc. Miss M. Adelaide Nutting, of the Johns Hopkins Training-School for Nurses, has been appointed to this position and will enter upon her new duties in the fall of next year, her resignation at the

Johns Hopkins taking effect in the early spring, after which time she hopes to spend six months in Europe.

This professorship is undoubtedly the outgrowth of the interest in institutions and nurses which has been aroused at Columbia University through the course in Hospital Economics established there under the auspices of the Society of Superintendents of Training-Schools for Nurses, and maintained by contributions from the nurses of the country. Miss Nutting's appointment is a direct recognition of the value of the work of nurses in institutions, and she is an especially able woman for the position. We extend to Miss Nutting our congratulations, in which we are sure the great nursing body joins us, in this opportunity for broader research work for the uplifting of her profession and for humanity at large.

THE RED CROSS

THE headquarters of the National Red Cross Society in Washington had been moved to rooms adjoining the offices of the Medical Department of the army two days before the San Francisco disaster. The news of the earthquake was carried in to Miss Boardman by the Surgeon General of the army. The most perfect coöperation between the Red Cross and the Medical Department has been maintained since the day of the disaster, producing such results as had never been realized in any previous national calamity. Promptness and efficiency in reaching the state branches brought money, food and clothing in a marvelously short time, to be distributed under army supervision until such time as the San Francisco Red Cross, the Citizens' Committee and the army could form a working alliance. In the past the Red Cross and other philanthropic societies have worked in an attitude more of antagonism toward the government authorities. The re-organization of the Red Cross Society has brought about a wonderful reform in that respect, and the old condition that existed at so recent a date as the Spanish War can never return. The Red Cross stands in the fullest and broadest sense for the "brotherhood of man."

NEW YORK STATE EXAMINATIONS

THE second of the full examinations in New York State will commence on June 19th and last four days. These examinations are held in New York, Albany, Syracuse and Buffalo. The practical

test may be arranged for before this date in New York and Rochester by the superintendents of the training-schools conferring with the examiners located at these points. It is already known that there are to be 140 applicants in New York City alone, and it will simplify the work for the examination, as well as for the applicants, if the great majority of the practical tests can be taken at the points mentioned before the date fixed for the written examination.

Nurses who entered a registered training-school after April 27, 1903, who have finished their full term of training, and have been awarded their diplomas, are eligible for this examination. Those with time to make up or whose diplomas have not been awarded for any reason, will be obliged to hold over until the next examination in January. The great majority of the pupils graduating at this season entered their training just before April 27, 1903, and those can be registered under the waiver without examination.

THE RELIEF OF SPECIAL-DUTY NURSES

ARE nurses sufficiently relieved when on special duty in a hospital? This is the question which is agitating the minds of a few Chicago physicians, and one of them suggests trying to get legislation to bear on the problem. Would legislation help us? Where and how do we fail?

Certainly there is a vast improvement in most of the Chicago hospitals over conditions which prevailed ten and fifteen years ago. Then, a nurse would be put on a hard surgical case and would be relieved only once or twice for rest; she would be relieved for class and lectures, almost always. Now, in most of the well-organized schools, a nurse is relieved the morning after an operation, for the whole day, to bathe, walk, and sleep, and is relieved for six hours out of the twenty-four thereafter until she can get a good amount of sleep at night. Most doctors, and most superintendents of nurses, think it is very hard on the patient to change the nurse during the first night after an operation. In two schools, however, the relieving is done almost entirely at night, and there is an extra night nurse on then, whose chief duty it is to relieve "specials," wherever she is most needed. In one leading school, the superintendent has all nurses who are on special duty send her a report in the morning, stating how much sleep they have had through the night, and she makes up to each one whatever amount is lacking of eight hours.

In three schools the superintendents acknowledged that the system of relief was bad, and that their nurses were sometimes on duty as long as thirty-six hours, but that they had not sufficient pupils to furnish adequate relief, nor sufficient funds to maintain a larger staff of nurses. One of these superintendents, however, thought this was good training for private duty outside, where relief is not plentiful. Another superintendent, for the same reason, gives less relief after the first few days, because she wants her nurses to learn to get sleep when they can,—to go to bed early, for instance, if the patient is quiet then, whether they feel like it or not. She thinks pupil nurses need more relief than graduates who are called in, because a graduate can rest at the end of the case if she wishes, while pupil nurses must go right on with heavy hospital work. One superintendent said she was often hindered in her plans for relieving nurses by the doctors in attendance, who did not like a change made during the most critical part of a patient's illness. Others say they find an explanation sufficient to convince the doctor that his patient will not receive the best care from an over-tired nurse.

At many hospitals, if the school is not able to provide enough nurses for proper relief, graduates are called in, and the patient is not charged for the extra service.

Are the doctors satisfied with the relief given to the nurses caring for their patients? Most of them seem to be. Those in attendance on the smaller hospitals have some complaints. One woman physician thinks there should be two nurses on every case and four nurses on every hard one. One surgeon objected not to the amount of relief given, but to the kind. He says his special nurses are often relieved by pupils who have not been sufficiently instructed to understand the case, or that his patient is left to the care of floor nurses. He maintains that every patient who pays the hospital for a special nurse is entitled to special care every minute of the time, and to skilled care. He has a plan which he is trying to have adopted at the hospital with which he is associated of a special emergency force of nurses,—three, perhaps,—two for day and one for night. These should be senior nurses, well advanced, or graduates, and they should be ready to fill in wherever a gap comes in the regular hospital service. One of their duties would be to relieve the special nurses.

A prominent obstetrician thinks all surgical and all obstetrical cases require two nurses for the first week and should certainly have them for the first few days.

A medical man, who is well satisfied with hospital arrangements,

says he makes it his mission to see that nurses in private homes get sufficient rest. If people cannot afford two nurses, he changes the nurse on the case for a fresh one when he thinks she is getting tired, though the nurse and the family may both object. He asks daily every nurse who is at work for him how much she is sleeping and whether she gets out to walk. Such a course, if pursued kindly and quietly by a number of doctors, would educate the public, in time, to the needs of the nurse and would achieve better results than legislation.

The agitation of this subject in Chicago is, we believe, a very good thing at this time. The conditions are practically the same in the great majority of the hospitals of this country, and it would settle a vexed problem for many institutions if some reasonable way could be agreed upon which would be considerate of the purse of the patient, meet the requirements of the medical attendant, and be just to the "*specials*," without complicating too greatly the administration of the hospital. In our opinion pupil "*specials*" should never be on duty for more than twelve hours—we know of a few hospitals where a hard and fast rule has been made that all "*specials*," whether pupils or graduates, shall work only a twelve-hour day—going *on* and *off* duty with the regular nursing staff. Sleeping accommodations are not provided for outside specials. Sometimes an arrangement is made for the outside specials to come in for twelve-hour duty either day or night as the case may be, leaving their names on the registry and working subject to call at the rate of twelve or fifteen dollars per week. This supplies specials for the first few days and nights for operation cases, keeps the graduates in touch with hospital methods, occupies the time between regular cases profitably without undue loss of sleep, and simplifies the administration of the hospital. Frequently two specials can be afforded by this plan where only one would have been possible under the twenty-four hour arrangement, and the hospital is not taxed by supplying relief. On the other hand, where only one special is possible, the hospital is in duty bound to give the patient all necessary care during twelve hours out of the twenty-four. Of course where a patient is able to employ two nurses at full rates and objects to changes he should pay accordingly,—not only the salary of the nurses, but the board of the nurses in the hospital. We see no reason why nurses caring for private patients in a hospital on full time, should work for less pay or pay their own board, any more than if they were in a hotel.

A great deal of the real trouble comes from the fact that hospitals try to do more work than they are equipped for. The entire hospital

force is too often over-strained and while in the name of charity the hospital is alleviating the sufferings of one class of people it is shortening the working days of another class by a false economy of service.

In a private family of moderate means there would seem to be no way of establishing regular or shorter hours for nurses, but in hospitals, where the strain is constant, this should be done, and it can be done, because it has been done.

WHEN PUPILS SHOULD SPECIAL

We are also of the opinion that pupil nurses should not be used as specials until they have been at least eighteen months in training, and in a three-year course not until the third year. Most young nurses are not competent to be left in full charge of serious cases, whether private or ward patients. Specialing interferes with regular systematic instruction, and the nurse's education is interrupted. The third year should we think be given to gaining experience, under supervision, for the independent work of private or hospital duty, and "specialing" private patients under supervision is one of the most valuable kinds of work a senior pupil can do. In this way she becomes familiar with the kind of personal service that the rich will demand of her in their homes, while her environment is familiar and she is still being looked after by the head nurse.

We are sure that Chicago would like to know how the hospitals of New York and Boston and other large centres are working out the relief problem.

PROGRESS OF STATE REGISTRATION

THE legislation season is nearly at a close and we have reason to believe that there will have been no bills passed this year.

We have no intimation that such failure reflects discredit in any way upon the State Nurses' Associations. There has been harmony and wise and able leadership in all of these States, but the opposition has been of such a character that success was impossible. As we have said many times, no law is better than a bad law, and we are proud that we nurses have chosen defeat rather than to accept the terms upon which success might have been attained. The victory will be all the greater when it comes.

In those States where State registration is in operation the results have been all that has been claimed for it.

THE TWELFTH ANNUAL CONVENTION

THE twelfth annual convention of the American Society of Superintendents of Training-schools for Nurses, which was held in New York on April 25th, 26th and 27th, was a most profitable meeting in every way. There were but few of the older members of the society present, but the second and third generations came to the front nobly and presented a group of papers of great excellence which will be published in the July number of the JOURNAL with the more important of the discussions and a full report of the business proceedings to be submitted by the secretary.

THE ASSOCIATED ALUMNÆ MEETING IN DETROIT

THE arrangements for the meeting in Detroit are very complete and there promises to be a large attendance. Undoubtedly at this time some plans could be proposed for definite means of rendering assistance to the nurses in San Francisco. The JOURNAL stands ready to further in any way within its power any means the society may decide to adopt.

"HOSPITAL SKETCHES"

MISS DEWITT asks us to explain that the "Hospital Sketches" which she has been prevailed upon to publish in our pages are her notes made day by day during a period of her training 15 years ago in the Illinois Training-School. The only merit which she claims for them is in the fact that they are genuine. We are sure that these sketches bring home to many of our readers experiences long forgotten but equally absorbing and interesting at the time. Undoubtedly the number of nurses is greater in proportion to the patients to-day than it was 15 years ago, but the human nature of a large public hospital remains practically the same.

THE JOURNAL MAILING LIST

It can readily be understood that the JOURNAL'S mailing list is exceedingly difficult to keep free from errors because of the constant changes of address among nurses. This condition we make great effort to meet and just at this time Miss M. E. P. Davis is in Philadelphia supervising the business details of our office, the mailing

list having her especial personal attention. Any unusual delay in receiving the magazine or failure to have been notified of the expiration of subscriptions should be reported to her at once at 227 South Sixth Street, Philadelphia. Notices of change of address should *not* be sent to the Editor-in-chief at Rochester on the same page with reports and items for publication in the magazine, as in this way the chances for mistakes are greater, but any complaints may be made to her and will receive prompt attention.

AMENDMENTS TO THE EMPLOYMENT AGENCY LAW

THE New York employment agency law has been amended by the legislature and was signed by the governor on April 27th, and registries of all incorporated associations of registered nurses, and bureaus conducted by registered medical institutions, are exempted. This amendment went into effect on May 1st.

